File with: '
lowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319

Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of	f Organization)						
Committee to Elect Robert E. Dvorsky		1 1 -	ORM OR-2 DISCLOSURE				
(1) Statewide/Legislative/Judge Standing for Retention Candid							
CANDIDATE COMMITTEES ONLY: Candidate Name Robert E. Dvorsky	Political Party (if applicable) Democratic	Sca	ged In				
Office Sought Senate	District (if Senate or House)	i i	331-08 e				
Late reports are subject to possible civil and criminal penalt	ies. Pursuant to Iowa Code sections 68B.32A 319-358-6127 TELEPHONE		401(3), the candidate, for a //6/08 DATE SIGNED				
I AM FILING A January 19, 2008	REPORT FOR (1) ELECTION	/(2)NON-E	LECTION YEAR.				
(report date)	Indicate by						
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	ittees, enter Date of Election				
☐ Check if this is final (termination) report and attach N (You must continue to file reports until a DR-3	otice of Dissolution Form DR-3. is filed.)	County & Lower Which Election	cal Committees, enter County in on is held				
STATEMENT OF CASH ON	HAND						
CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same a of the last reporting period or must be zero if the	as the cash on hand at the end	\$	3,060.37				
ADD TOTAL MONEY TAKEN IN THIS PERIO							
Schedule A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)		12,720.00				
Schedule F: Loans Received total (Attach Sch	nedule F)						
Schedule H: Total Sales of Campaign Proper	ty (Attach Schedule H)						
(Schedule H applies to Candidates	'Committees Only) SUB-TOTAL	\$	15,780.37				
SUBTRACT TOTAL MONEY SPENT THIS P Schedule B: Expenditures total (Attach Sched	dule B) (**also see debts and loans below)		9,694.73				
Schedule F: Loan Repayments total (Attach S	Schedule F)		6,085.64				
CASH ON HAND at the end of this reporting period (if f	inal report balance must be zero)	\$					
**UNPAID BILLS (From Schedule D - Attach Schedule	D)	\$					
*IN KIND CONTRIBUTIONS (From Schedule E - Attack	n Schedule E)	\$	19.71				
**OUTSTANDING LOANS (From Schedule F - Attach S	Schedule F)	\$					
CONSULTANT BREAKDOWN (Schedule G Attached?	['])		_YES <u>√</u> NO				
CANDIDATE COMMITTEES ONLY:							
VALUE OF CAMPAIGN PROPERTY (From Schedule	H - Attach Schedule H)	\$					
STATE COMMITTEES: Submit a reconciled campaign	account bank statement in January of eac	ch year.					

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
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Robert E. Duorsky

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
N	1/11/2007	ID# 9664 CK# 1516	SITIPAC 300 SW Stb St. Ste 200 Des Maines, IA 50309		\$ 250.00	
	7/6	ID# CK#	Deanner Ronald Mirr 3411 Ireland Drive Iowa Cty, IA 52246	10)	50.00	
·/	7/12	ID# 6279 CK# 1005	Town Ophthalmology At 10 W. Phillip Rd Ste 120 J Vernon Hills, IL 6061 30	MY W	250.00	
	7/17	ID# 6075 CK# 1638	Iowa Nurse's Association 1501 42 nd St. Ste 471 West Des Moines, IA 50266	Show	100.00	
	7/17	ID# 6073 CK# 1058	IOWA Medical PAC 1001 Grand Aug West Des Moines IA SOZOS		250.00	
	7/17	ID# 6046 CK# 4335	Justice for AII PAC 218 6th Ave Ste 526 Des moines, IA 50309		250.00	
	7/17	ID# 6059 CK# 2996	Towa Committee of Antomotive in Office Pork DD Retailers West Desmoines IA EOZES	:	200.00	
	7/17	CK# 3144	Independent Insurance Agents 4000 Westown PKWY SJP 200 West Desmoines, IA 50265	:	200,00	
	7/17	ID# CK#	Linda K. Goeldner 4038 Kingman Blud Des Moines, IA 50311	-	25.00	
	7/17	ID# CK#	Thomas Cape 853 2 Newbury Court Johnston, IA 50131		50.00	
			TOTAL (if last page	SUB-TOTAL of this schedule)	\$1625.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____ of _____ (for Schedule A)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization,

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	1		
RECEIVED	(if applicable)	MANNE AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK		(if applicable)	RECEIVED	FUND- RAISER
C. CON	NUMBER		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		INCOME
	ID# 9664	SITIPAC.			
1 400	EK#	300 5W 5th St. Ste 200		\$	11 1
\$1 1011200	1516	Des Maines, IA 50309		250.00	
7	ID#	Deanner Ronald MiRR		230.00	
7//		SEGNAL KONAID MURK			
1/6	CK#	3411 IReland Drive		_	
	ID# / 3 = 9	Ioua Cty, IA 52246		50.00	
7/12	62/7	IOWA Ophthalmology At			
1/12	CK# 1005	10 W. Phillip Rd Ste 120			
	1005	Vernon Hills, IL 60061		250.00	
1 ,	ID# 6075	Iowa Nurse's Association			
7/17	CK#	TENT (1 CT ST			
/"	CK# 1638	1501 42 nd st. Ste 471		100.00	
- /	ID# ,	West Des Moires, ZA 50266		100.00	
7/17	1D# 6079	Iowa Medical PAC			
///	CK# 1058	1001 GRand Ave			
	ID#	West Des Moines, IA 50265		250.00	
7/	1D# 6046	Justice for An PAC			
7/17	CK# 4335	218 6th Aug Ste 526			1 1
	4335	218 6th Ave Ste 526 Des moines, ZA 50309		250.00	
7/	ID# 6059	I-0410 (0 14) + 1 1 1 1	:		$\overline{}$
7/17		Towa Committee of Antomotive	İ		
	Z99L	West Desmoines IA 60265		2.0	<u> </u>
-/	ID# 6052	T-19-1- () 1		200.00	
7/17		Independent Insuconce Agents	;	İ	
///	3144	LOOD MOSTOWN LKMA 294 500		7.00	
	ID#	mest besmaines It 2054?		200,00	
7/		Linda K. Goeldner		Т	
7/17	CK#	4038 Kingman Blud	1		
, ,	15.1	Des Moines IA 50311	·	25.00	·
7/	ID#	Thomas Cape			
117	CK#	Thomas Cape 853 2 Newbyry Court			
/ '		Johnston, IA 50131	į	50.00	
			SUB-TOTAL		
			OOD-TOTAL	\$1625.00	
		TOTAL (if last page o	f this schedule)		

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of (for Schedule A)

Reset Form

SCHEDULE A MONETARY (Rev. 07/03) RECEIPTS

CHECK THIS BOX IF

AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Duorsky

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	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
	RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER
	(1011017007117)	NUMBER		(п аррисавіс)		INCOME
	7/12/	ID# 6356	treedom tund		\$	
	11/67	CK# 1478	1171 7th st Des Maines, IA 60314		100.00	
/	· 7/	1D# 6004	Associated General Contractors			
	/17	CK# 46w	701 E. Court Aug Des Moines, IA 50309		1000.00	
	2/	ID# 6070	I Tavalow PAC			
	/12	CK# 3516	SZI EUST LOCUSTST. 3Rdf) Desymoines. IA 50309		100.w	
		ID# 6058	Ioua Chinoproctie Society			
	7/17	CK# 4047	ANKENY, IA GOOZ3		/00,00	
		ID# 602)	Credially Nion PAC			
1	7/17	CK# 2N7	R.O. BOX 10409 Des Moines IA 60306		500 W	
	/	ID#	somal Chensud			
	9/13	CK# ·	2126 Blue Heron Dr		200,00	
	1.7	ID#	Springy;)18, IA 52336,9			
	\$15	CK#	Michael a Susan Cameron 600 Brantwood Dr.		200.00	
	1,2	0197	Warker, IA 50263		20.00	
	8/	ID#	Ster Ackerson 1634 NW 1315+5+.			
	8/15	CK#	Cline, IA 50325		500.00	
	8)	ID# 6067	IOWA HEO ITH PAC 6750 WESTOWN PLWY #100		·	
	1,5	CK# 3190	West Des maines IA 50266		1000.00	
NXX.	/81-	1D# 8740	Pfizer PAC			
100	/ //5	CK# 4822	DRW YORK, NY 10017		200.00	
				SUB-TOTAL	139-0	
			TOTAL (if last page	of this schodula	00.00PE	
			IOTAL (II last page	or uns scriedule)	•	

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Page 2 of 8 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

\$33,000000	22,000,000	******	SECULIA DE	2226)
2000	******			
4800 PASS	COT	20 CC	12170	880
Water Co.	2000	∞∞. €	ទទានទ	F000024
200000000	Secretary of	A	600 g 180	2550

SCHEDULE **A** (Rev. 07/03)

MONETARY RECEIPTS

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_	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	1 15 505
	RECEIVED	(if applicable)	MANUL AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE*	RECEIVED	√ IF FOR FUND-
	(MM/DD/YR)	AND PAC CHECK		(if applicable)	112021123	RAISER
<u>_</u>	ma	NUMBER				INCOME
	911	ID#	HR & PL Giorgio 335 Stoney Creek RD NW	•		
	8/_/	CK#	335 Stoney Creek RD NW		\$	
	8/15/07	UN#	Cedar Rapide -A 5245		100.00	
-		ID#	Cedar Rup: dr. IA 52405 Maurier Cahill			
ļ	41		615 59th 5t.		_	
	8/15	CK#			20.00	
			West Des Ma; wer, IA 50266			
	۱ بر	ID#	Mary Jone Venteicher			
	8/15	CK#	Mary Jone Venteicher 6323 Panorama Da		_	
l	//>	Olar	Panora, IA 50216		25.00	
		ID#				
l	8).,		Cail Olson			
ŀ	1/16	CK#	532 6th st. Apt B		25,00	
		ID#	Boone, IA 50036		2 7.00	
	01	1D#	Christy 4R. Todd Hotsaess			
	8/15	CK#	1879 Dogbock Bridge RD			
	//3		1879 Hogbock Bridge RD WINTERS et, IA 50273		50.00	
		ID#	A.W.Da.bata			
ı	8/_	01/#	1001 Carrian Hill Vrive			
ı	8/15	CK#	ANNDROGOTIORIVE Clinton, IA 52732		30.00	L
\vdash		ID#	Richard Allbee	:	J V. 00	1
	%/					
	15	CK#	P.O. BOX 436		500 2	
L	, / • •	10.4	Hompdon, IA 50441		3,00	
V	ደ)	LE# 199703 CK# 8242	The GlaxoSmith Kling PAC			
1	8/15	CK# # 0272	5 moore Drive,	*	400 00	
	/	13399	Research TrianglePart NC 27709	•	900 -	
	91	ID# 6098	Java Rev PAC			
1	//0		321 E. Walnut Ste 310			
ı	//	CK# 3559			350 00	L
\vdash		ID#	Des Moines, IA 50309		220	
1	9/12		Dovid Leshtz			$ \nu $
	/17	CK#	Box 1945		_ @	
L	•		Iowacity, IA 52244		30 ≈	
				SUB-TOTAL		
					\$1530.00	
			TOTAL (if last page	of this schedule)		

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Page _____ of ___ &

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

SCHEDULE Α MONETARY (Rev. 07/03) **RECEIPTS** CHECK THIS BOX IF AMENDING FORM

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Robert E. Ducksky

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	NUMBER				INCOME
9/12/	ID#	Timothy Lauenz		\$	
1/5/01	CK#	SOF E Jefferson st. Apt 10		-	
	ID#	Ioux City, IA 52245		10.00	
9/	ID#	HIII son Panther			
/13	CK#	40 Koser Ave			
	ID#	Iowa City, IA 52246		20.00	
0.1	1D# 	BRIAN Flaherty 1512 1st Ave Apt 2015			
9/13	CK#	1512 Ist Ave Apt 2015		20,00	
	ID#	- SEE //		20,00	
9/	10#	Duncan & Rochel Stowart			
1/13	CK#	1327 Oakcrest Ave		20	
	ID#	Iowa City, IA 52246		20.00	
9/13	10#	tatack Hughes 33,9 Eagle Avenu			
// /	CK#			36	
	ID#	OXFORD, IA 52322		25.00	
%3		Thomas Baldridge			
//5	CK#	915 Oakcrest No.160		25.00	
	ID#	I awa City, IA 52246		25.00	
9/13		John Deeth			
713	CK#	P.O. BOX 1181 IOWA City, IA 52244	:	20	
	ID#			30.00	
9/13		HORRY Seelman 2451 IWN RD SW			$ \; \; \; \; \; \; \; $
/15	CK#	Oxford TA 52322		40.00	
- /	ID#			70.00	
9/3	CK#	Louid Tingwold			1 1
// /	CK#	Lova Chy IA 52245		25.00	
9/	ID#	Michael Wright		27,60	
1/13	CK#	225 N. Lucas St.			
// -	Ol Or	I our City, IA 52245		25.00	
		1 2-7-	SUB-TOTAL		
				\$ 240.00.	
		TOTAL (if last page	of this schedule)	\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

	SCHEDULE	
ļ	A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NDING FORM

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(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	REOLIVED	RAISER INCOME
9/4/	ID#	Andrea S. Keech		\$	
117/07	CK#	3 Wildberm Lane Towa City, IA 52240		100.00	
	ID#	Rodney E. Sullivan			
9/14	CK#	2326 E. Covet <u>TowaCity</u> , <u>IA</u> 52245		100	
	ID#	l		100.00	· · · · · · · · · · · · · · · · · · ·
9/14	CK#	Deanne D. MiRR			L
//7		3411 IRPLAND DR 52246		100.00	
	ID#	Geoffrey Seamons			
9/14	CK#	9 Parsons Ave Fowacity, IA 52245		25,00	
7 - 7	ID#	Christophen D. Rantia	737701	700	
9/,4	CK#	Christophen D. Bontig 1010 W. Benton #104		25.00	1
<i> '</i> /	ID#	David Jacoby		23.00	
9/,	CK#	2308 Northmidge DR			
9/14	ID#	Coralvi 114, 14 52291		25.00	
0/		Mary Mascher			
9/14	CK#	40 GRYNN COURT TOWN City, IA 52246		25.w	· L
,,	ID#	Larry Meyers	,		
9/14	CK#	2659 Newport RD N.E.		20	
/ ' '	ID#	Patrick + Carol Finn		25.00	
9/14	CK#	502 N. FRET AVE		,	
/17		Iowa City, IA 52245		25.w	
91.	ID#	Lane & Debra Plugge 1136 Pheasant Valley St			
9/14	CK#	IowaCity, IA 52246		25.00	
			SUB-TOTAL	\$475.00	
		TOTAL (if last page	of this schedule)	9717.00	

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_ of _ (for Schedule A)

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Drorsky

SCHEDULE		
A (Rev. 07/03)	MONETARY RECEIPTS	
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RECEIVED	(if applicable)		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER
(MM/DD/YR)	AND PAC CHECK NUMBER		(ii applicable)		INCOME
0.1	ID#	Robert L. Welsh			
7/,41	CK#	84 Pentro DR	;	\$	
1//07	CK#	I out City, IA 52246		25.00	
	ID#	Michael Pratt			
9/14	CK#	ang & Ruchington St.		_	ν
//9		GOG E. Burlington St. Fowally, In 52240		25.00	
	ID#	Mary + Harold Hensel		:	
9/14	CK#	206 Collins RD NE		a	
//7	15.4	Cedar Rapids, IA 52402		25.00	
91.	ID#	Paul Osterholt + James Moody			
9/14	CK#	115 Vixen Lane		50.00	
	ID#	North Liberty, IA 52317		30,00	
91.	1	Tyler + Sarah Olson 395 Memorial Dr. SE			
9/14	CK#	Cedge Rapids, IA 52403		50.00	<u> </u>
	ID#	Regenia D. Bailey		,	
9/14	CK#	430 Church Street			
///	Clar	Iowa City, IA 52245		50.00	
	ID#	Steven+ Elizabeth Dond			
9/14	CK#	2131 TERROLANE			L
///		Coralville, IA 5224/		50.00	
911	ID#	Janet Lyness	,		
9/14	CK#	3010 Creighton Drive Iowa Cidy, IA 52245			
	 ID#	1000 Cdy, IA 52245		50,00	
91.	10#	Daniel Tenniter Hennager			\ \ \ \ \ \
9/14	CK#	606 Oakland Drive		50.00	
	ID#	Janalle Rettig		30.00	
9/14	CK#	2 Wood lond Heights		50.W	-
1 ' '	CK#	Towa City, IA 52240		20.W	
<u> </u>	· · · · · · · · · · · · · · · · · · ·		SUB-TOTAL		
		TOTAL (CL.)	-£4lsia -abad-:!:\	\$425.00	
		TOTAL (if last page	or this schedule)	1.	l .

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Page 6 of 8 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Drors Ky

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(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
9/1	ID#	Julie Pul Krobek		\$	
9/14/07	CK#	4698 FOXLANENE		50.00	
	ID#	IowaCity, IA 52240		30,00	
9/14	014	Richard E. Myers 9 Woodland Heights			
1/19	CK#	Iowa City, IA 52240		50.00	
9,	ID#	John + Diana Lundell			
9/14	CK#	403 Holiday Road		50.00	
<u> </u>	ID#	Corabille, IA 52241		20.00	
91.		David Osterberg 318 2nd Aven			
9/14	CK#	Mount Vernon, IA 52314		50.00	
	ID#	Potrick Bayera Christing Luzzie			
9/14	CK#	338 Koser Ave		1	
	ID#	Iowa City, IA 52246		100.00	
91	1.2	taul A. Deaton			
9/27	CK#	1664 Camelback RD NE SOLOH, IA 52333		50.00	<u> </u>
	ID#	Richard A. Allbee	:		
11/29	CK#	P.O. BOX 436		_	
		Hampton, IA 5044/		500.00	
10/	ID# 6063	I owa Dental Association 5530 West Packway Ste 100			
11/29	CK# 2136	Johnston, IA 5013)		2500.00	
	ID# 6058	I Towa China Dractic Society			
11/29	CK#	1605 N. Ankeny Blud. ste 100			
1 47	4101	Anleny, IA 50023		200,00	
1 ,, , .	ID#	James + Jo Wasta			
12/14	CK#	3805 Willowsend C+ NE Cedar Rapids, IA 52411		50.00	
L	<u> </u>		SUB-TOTAL		
		TOTAL (151=-4====	of this school-t-1	\$3600.00.	
		TOTAL (if last page	or this scheaule)		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

SCHEDULE Α (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Robert E. Drorsky

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISE INCOM
12/14/07	ID# 9764 CK# 1015	Delta Dental of Iowa 2401 S& Tones Deine Ste 13 Ankeny. IA 50021		\$ 200.08	
12/18	CK# 1605	ANICONY. IA 5002/ Iowa Society of Anesthesiologist 321 4321 54. Desmoines, IA 50312		500.00	
	ID# CK#	Unitemized cash Contributions		225.00	
	ID# CK#			•	
	ID# CK#				
	ID# CK#				
	ID#				
	ID#		1		
· · · · · · · · · · · · · · · · · · ·	ID#		·		
	CK#		·		
	CK#				

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS,	SEE BACK	OF	FORM
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SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

	i Hee to 8			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/17/07	ID# CK#	Gazette Communications Cedar Rapids, IA	Subscription	\$ 154.20
2/4	CK# /548	LinnCo. Democratic Central Committee Cedar Rapids, IA	Contribution	600.00
3/23	CK# 12 \ 4	Johnson County Democratic Party Towa City, IA	Contribution	600.00
3/23	1220	Solon Economist Solon, IA	subscription	48.00
3)	ID# CK# IS </td <td>Linn County Democrotic Racty Cedar Rapide, IA</td> <td>Hall of Fame Contribution</td> <td>/00.00</td>	Linn County Democrotic Racty Cedar Rapide, IA	Hall of Fame Contribution	/00.00
4/6	CK#	The Des Moines Register 1725 N. Dodgest TowaCty ITA 52245	Subscription	104.00
4/21	CK# 1553	Corolville Fine Department 1512 7th st. Coralville, IA 52241	Tickets to Breakfust Fundraiser	20.00
5/5	ID# CK# 1554	Johnson Co. Chis is Center 1121 Gilbert Ct. Iowa City: IA 52240	Tickets to Breakfist	24.00

TOTAL (if last page of this schedule)

\$1650.20

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page	/	of	5
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STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
. —	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Comn	riffee to	Elect Kobert E. T	Duorsky	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/6/	ID# 4098 CK# 1555	I ona Democratic Party 5661 Fluer Drive Des Moines, IA 50321	Contribution	\$ 250. m
5/21	CK# /556	Iowa City AreachamLer of 325 E. Washington Iowa City, IA <2240	Coxalville Roundtable Luncheon	10.00
5/23	CK# /557	U.S. Postmastery RobertE. Duorsky 412 6th st. Duorsky Coralville, IA 5224/	Reimburrement for Postoge	18.20
5/27	CK# /S59	Solon Fine Department 131 N. Iowa St Solon IA 52333	Tickets for breakfost fundraiser.	20.00
5/24	CK# 1558	Johnson County Democrits 201 S. Clinton Iowa City, IA		70.00
6/3	ID# CK# IS60	ICARe 438 Southante Ave Iowa City, IA 52240	Tickets to beeakfast fund Ruiser	40.00
6/5	CK# 156)	Copyworks 3092ndst. Coralville, IA 52241	Copying Costs	30.98
6/8	ID# CK# 1562	Pobert E. Duersky 412 6th St. Coralville, IA 52241	Reimbursement for tood for volvuteers	22.00
			SUB-TOTAL	\$ 461.18

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Page	2	of	5

TOTAL (if last page of this schedule)

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STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)

omm;	Hee to 8	Elect Robert E. Dro	ies (y	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/23/07	ID# CK#1563	Iowa County Democrots 200 W. Maple St Williams bury, IA 52261	Contribution	\$ 25.00
6/30	ID# CK# 1564	Mt. Vernon Sun P.O. Box129 Mt. Vernon IA 52314	Subscription	37.00
7/4	ID# CK# IS65	CORNIDAL KIWANIS 96 HILLS BONK 1009 2 NOST CORALVILLE, IA 52241	Tickets to breakfast Fundraisex	20.00
7/23	ID# CK# 1566	Corridor Business Journal P.O. Box 114 Oakdale, IA 52319	subscription	78.95
7/ /27	ID# CK# 1567	City of Coralville 1512 7th st. Coralville, IA 52241	Shelter Rental Fee for fund Raiser	85.00
8/15	ID# CK# 1568	Workers for a Better Ions 1211 Wilmy Blud SW Cedar Rapids IA52XY	Tickets to dinner event	250.00
8 20	ID# 9098 CK# /569	De Nate Majority fund Sower Democratic Facty Sobol Fluer Drive Des Mainer, IA 50321	Contribution	250.00
%	ID# CK# /570	Hy Vice Lantern Park Plaza Coralville, IA 52241	Food for Fund Rowisen	143,76
		· · · · · ·	SUB-TOTAL	\$ 889.71 -

TOTAL (if last page of this schedule)

\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Comm	ittee to 8	Elect Robert E. Dro	pesky	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER			
9/7/07	CK# S7/	Hy lee Lantern Park Plaza Coraluille, IA 52241	Food tex Fundraiser	\$ 111.)6
	ID#	Towa Cidy Ass. Doval		777.79
9/26	CK# /572	Iowa City Area Development 325 E. Washington, ste 101 Iowa City, IA 52210	Ticket to luncheon to enhance Candidocy	26.00
9/28	ID#	Priority ONE 424 ISTALLE NE	Ticket to luncheon	
120	CK# 1 5 73	Cedar Rapids, IA 5240)		24.00
10/4	ID#	Robert E. Duorsky 412 6th st.	Reimburse for travel	7.00
, ,	CK# /574	Coralville, IA <224/	NCSL- & Boston-8/07	1009.64
10/4	ID# CK#	The Des Moines Register	Subscription	_
	1575	IOWality, IA 52240	COSCMPTON	104.00
10/6	ID#	HyJae	Food for volunteers	
ما	CK# 1576	Lantern Park Plaza Coralville IA 52241		63.84
10/26	ID# 9098	Tour Sanate Majority 25661 Fluer Drive Fund	Contribution	
126	CK# 1\$77	Des Moines, IA 50321		5000.00
"]7	ID#	I owa C'ty Area Chamber of	Ticket to Toast of Community Event	11000010
, ,	ck# /57.8	325 E. Washington Strion Towa City, ITA 52240	SONWOW'LL CACAL	25.00
			SUB-TOTAL	\$6363.64

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page ________ of ______

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TOTAL (if last page of this schedule)

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STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTE	E NAME (Must be :	same as on Statement of Organization)		
Committee to Elect Robert E. Duorsky				
<u></u> ✓ om m	vitter to	Elect Fober TE. DUOR	s)Cy	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/9/07	ID# CK# 1579	Fowa City Caralville CVB 900 1st Ave Coralville, IA 52241	Annual luncheon to enhance Candidacy	\$ 30.00
12/3/07	ID# CK# /580	Gus's Food+Spirits 2421 Coral Ct. Coralville, IA 52241	Food for Volvuters	300.00
	ID# CK#			

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TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Committee to Elect Robert E. Dvorsky		

	les			

(Rev. 06/97)	CONTRIBUTIONS
	K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
7/17/07	Iowa Senate Majority Fund 5661 Fluer Drive Des Moines, IA 50321		food for Des Moines fundraiser	\$ 19.71	✓
SUB-TOTAL				\$ 19.71	
			TOTAL (if last page of this schedule)	\$ 19.71	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)